

West Bloomfield High School Band Boosters  
Check Request Form

Payee\_\_\_\_\_

Date\_\_\_\_\_

Address\_\_\_\_\_

Amount requested\_\_\_\_\_

City, State,\_\_\_\_\_

Zip\_\_\_\_\_

Explanation for Request:

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Receipts must be attached for Reimbursement

|                 |                       |                 |
|-----------------|-----------------------|-----------------|
| Approved _____  | Amount _____          | Check No. _____ |
| Date Paid _____ | Check Requestor _____ |                 |